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ABSTRACT

The Alaska Family Practice Residency (AFPR) is a graduate medical education training program for family physicians headed for rural and remote practice sites. Located in Anchorage and affiliated with the University of Washington family practice residency network, the program has an integrated curriculum aimed at preparing family physicians to practice in rural or frontier communities with scarce resources, small populations, and strong influences by indigenous cultures. With 21 Native language groups and over 250 tribes located in roadless areas that experience harsh weather, residents are challenged to establish effective streams of care coordination and communication for their patients through creative use of technology. The cultural focus is integrated throughout all aspects of curricular design and implementation. Alaska Native elders provide exposure to cultural competency issues and orientation to Native healing concepts, and all first-year clinical and didactic components are intentionally cross-linked to cultural implications at the community level. Other cultural elements include a required rotation in "transcultural medicine" for both first- and third-year residents, a 6-week cultural and rural immersion experience for second-year residents in the bush community of Bethel, and two 4-week blocks of "rural practicum" for third-year residents focusing on practice management and personal lifestyle survival skills. Program successes and ongoing evaluation are briefly discussed. (SV)

CULTURAL COMPETENCY TRAINING IN A NEW-START RURAL/FRONTIER

FAMILY PRACTICE RESIDENCY PROGRAM: A CULTURAL

IMMERSION INTEGRATIVE MODEL

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The Alaska Family Practice residency (AFPR) is an 8-8-8 residency founded in 1997 as a graduate medical education training program for family physicians headed to rural and remote practice sites. The AFPR curricular design grew out of a collaborative and deliberate effort by leaders, including practicing rural Alaska physicians, to address the needs of physicians preparing for practice in settings of scarce resources, small populations and strong influences by indigenous cultures. The program is a community-based, academically affiliated training site (University of Washington School of Medicine Affiliated Family Practice Residency Network) and as such is closely linked and interactive with faculty at programs throughout the Northwest region. It is located in Anchorage in a new 23,000 square foot outpatient office complex with a mission to both meet the needs of the underserved and teach well rounded primary care providers. Located in Anchorage serving a diverse cultural population and it is administered by Providence-Alaska Health Systems with inpatient services at Providence Hospital, Alaska. Residency faculty are adjunct with both the University of Alaska Anchorage and the University of Washington, Seattle.

The curriculum design for the AFPR program is an integrated approach to the challenge of how to adequately prepare family physicians to practice and thrive in a rural or frontier community with a strong multicultural heritage. Alaska's harsh terrain, sparse population, geographic remoteness and rich cultural diversity make it an ideal training ground for addressing these issues. The frontier nature of Alaska emphasizes the need for effective communication and technology applications to address professional consultation, care coordination, distance and continuing education. There are 21 native language groups in Alaska, over 250 Native tribes, and well over 40 ethnic groups, most located in areas not connected by roads and often isolated by weather. Residents are

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challenged at both the central teaching hub and while on away rotations in establishing effective streamns of care coordination and communication for their patients. Creative use of technology including telephone, fax, internet, teleconferencing and computer technologies are used to facilitate effective communication between care providers. Graduates of the program are expected to have the kind of foundation which will allow them to practice almost anywhere on the planet.

The cultural focus of the AFPR curriculum is integrated throughout all aspects of curricular design and implementation. Initial exposure to cultural competency issues occurs during orientation week, where Alaska Native elders facilitate a "talking circle" session with the incoming class to set the stage for the importance and integral role of cultural heritage in the developing family physician. The Native culture concept of physician as "healer" and not just "medical doctor" is introduced, as is the role of community physician as "team leader". All clinical and didactic components of the first year curriculum are then intentionally cross-linked to cultural implications at the local community level and reiterated at appropriate times throughout the year.

The family practice clinic clientele reinforces the cultural integration cross-link; the patient population includes a high proportion of multiracial members and individuals with English as a second language or who are economically disadvantaged. Patients are significant users of complimentary alternative approaches to health care. Hospital-based rotations include experiences at the Alaska Native Medical Center and inpatient admissions that are transfers from small bush communities throughout the state for tertiary care needs.

"Transcultural Medicine" (TCM) is the centerpiece of the AFPR cultural competency curriculum and is a required community medicine block rotation held simultaneously mid-year for both first and third year residents (TCM I and TCM II). The TCM curriculum is formatted on a self-discovery, progressive learning model and incorporates opportunities for vertical mentoring among interns and senior resident/faculty and flexibility for individual exploration of personal needs and interests. TCM includes general cross-cultural and Alaska health care delivery background information as well as elements pertinent specifically to successful rural practice in Alaska. Course content includes discussions and experience with cross-cultural

communication, complementary alternative and indigenous medical practices, exposure to traditional healers, the role of environmental, economic and social factors in health care, application of practice management to Alaska practice sites, professional isolation issues, wilderness medicine and wilderness survival. Vertical mentoring occurs through resident group interactions with the rural physicians council, senior panels delivered by third year residents to interns, talking circles and Balint groups. A resident driven community-based project is required of all graduates after completing their senior TCM experience.

All second year residents are required to complete a six-week cultural and rural immersion experience in Bethel, Alaska as an application of their initial educational experience at the Anchorage-based educational center. This cultural immersion component of the curriculum is designed to provide a supervised hands-on clinical and personal experience in an intact Alaskan Native community. The rotation is accomplished through a partnership between the Yukon Kuskokwim Health Corporation in Bethel, Alaska and the AFPR. Each second year resident is scheduled for a specific 6 week period as the only resident in the bush community of Bethel, Alaska. Bethel hospital is staffed by 16 primary care physicians that serve the 5000 primarily Yupik Eskimo residents and coordinate with village health aides to serve 50 outlying bush villages within an area the size of Oregon. The hospital is operated by the Native Corporation, is not accessible by road, and is 300 air miles from Anchorage. Radio medical traffic skills, emergency stabilization and transport skills, language barrier and communication style adaptive skills, small town lifestyle survival skills and application of technology for distance learning and telecommunication/teleconsultation are all addressed during this unique experience. Housing, transportation and faculty support are provided by the Corporation, and academic oversight is maintained by regular site visits from the parent program.

During the third year residents have two four-week blocks of "rural Practicum" where they can try on a practice or practices that represent the type of medical setting where they might consider for practice. Practice management and personal lifestyle survival skills applied to specific practice settings are the focus of these rotations. The rural practicums give each resident a chance to try out their knowledge base and then

return to the program to round out their individual training needs, and to share experiences with interns during their senior TCM II rotation.

Residency faculty and community outpatient volunteer preceptors were specifically selected for having first-hand knowledge and experience along with teaching competency, and are contractually committed to ongoing rural practice "refresher" experiences in the form of a rural physician/faculty exchange. This model was initiated to promote ongoing hub/spoke interchange between established rural practicing family physicians and the central training site, allowing modeling behavior and ongoing exposure to successful community doctors who enjoy their work.

The collaborative teamwork model demanded by the unique Alaskan environment, from health aides in the villages to ERs and specialists in tertiary centers, helps residents achieve competency in managing care at multiple levels, extreme distances, and with diverse cultures. Cultural insights are integrated into their practice style along with improved listening skills across cultures. Survival skills for the rural environment are improved and made relevant to extremely adverse life settings. Faculty have observed a progressive level of understanding and skills application among residents in understanding and identifying cultural and community needs for their patients, and in establishing appropriate care expectations given their home setting. Residents have also become intimately familiar with the impact of bush living conditions on nutrition, sewer and sanitary needs, computer access, telecommunication, and transportation.

A higher level of cultural communication among leaders and healers within the communities and the residents in training has recently evolved within the program. The Elders of Native Cultures, by representing both their cultures and themselves as patients, are able to directly share unique perspectives and validate resident's sense of care and humanity in ways seldom experienced by residents, and to discuss openly the cultural and spiritual role these future community doctors will represent to their people.

As a new program just having graduated its first class in June of 2000, the planners of the AFPR program look forward to accessing the outcomes of the curricular design and the degree of success in preparing and placing graduates in rural/remote settings. The program is perhaps the first to integrate intense cultural studies and

immersion along with significant CAM experience and vertical integration. Plans are underway with Dr. Lyn Freeman to study the impact of this comprehensive curriculum on Residents. The program has already placed three graduates with the Alaska Native Medical Center and two others in practices, which focus on minority patients. Ideally, the linkages with the home-based training site and new graduates will assist with ongoing curriculum refinement and help identify specific crucial elements and methodologies that apply to their rural practice setting and cross-cultural experiences.

Evaluation of the curriculum has been ongoing, following each orientation, TCM rotation and Bethel immersion experience. Academically in-service examinations consistently place program residents in the ninety fifth percentile nationwide in clinical problem solving, and well above the national average across all parameters. Residents also have begun to have national and international exposure for work they engaged in during TCM. One resident will be seen for her work in cold weather injuries in a NOVA special this coming year on mountaineering in the Denali Range. Another resident will present in Australia on Women's Issues in Remote Practices. Residents have been invited to participate in Alaska based research on health issues with the Alaska branch office of the Center for Disease Control.

Based on feedback from yearly evaluations and greater community awareness of the curriculum, new concepts are being continually developed and implemented. The TCM planning schedule for the 2001-2002 rotation will include linkages with community CAM providers and the Alaska Native Medical Center's outpatient clinic and Traditional Healing Program, and a pre-assessment of incoming new interns will be made to assess their knowledge base in order to tailor TCM course content.

The AFPR curriculum has been a conscious effort to blend the best of urban clinical training with strong elements of rural track and immersion in cultural training. Urban access to a wide array of CAM specialists and cultural Elders rounds out a vigorous program. Our hope is the evolution of a curriculum that facilitates the growth of young healing professionals who will help close the gap between diverse people giving, seeking and collaborating together for a greater state of health.